

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90107 022 ****61.25

000296

**NONPROFIT
 CORPORATION
 ANNUAL REPORT
 1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 753575

1. Corporation Name

TRINITY HOLINESS TEMPLE OF PUTNAM COUNTY, INC.

Principal Place of Business

852 SR 20
 PO BOX 226
 INTERLACHEN FL 32148
 US

Mailing Address

852 SR 20
 PO BOX 226
 INTERLACHEN FL 32148
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

08/01/1980

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-2153685

Applied For

Not Applicable

City & State

City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution ☐

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COKER, CARL A
 852 SR 20
 INTERLACHEN FL 32148

81 Name **JENNIE E. MCNETT**
 82 Street Address (P.O. Box Number is Not Acceptable)
111 Eagle Nest Trail
 83 **Palatka, Fla.**
 84 City **FL** 85 Zip Code **32177**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE **JENNIE E. MCNETT**

Jennie E. McNett Pres. + Chairman FT 2-22-99
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VD	<input type="checkbox"/> DELETE
NAME	DURDEN, DENNIS M.	
STREET ADDRESS	850 SR 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	PDC	<input checked="" type="checkbox"/> DELETE
NAME	COKER, CARL A	
STREET ADDRESS	852 SR 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	DURDEN, FRANCES	
STREET ADDRESS	852 SR 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DURDEN, JAMES MARK	
STREET ADDRESS	850 S. R. 20	
CITY-ST-ZIP	INTERLACHEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARKER-AGUSTA WADE	
STREET ADDRESS	RT. 1, BOX 5200	
CITY-ST-ZIP	FT. MCCOY FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DURDEN, DENNIS M.	
1.3 STREET ADDRESS	850 SR 20	
1.4 CITY-ST-ZIP	INTERLACHEN FL. 32148	
2.1 TITLE	PTDC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MCNETT JENNIE E.	
2.3 STREET ADDRESS	111 Eagle Nest Trail	
2.4 CITY-ST-ZIP	Palatka, Fla. 32177	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Durden Frances	
3.3 STREET ADDRESS	852 SR 20	
3.4 CITY-ST-ZIP	INTERLACHEN FL. 32148	
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DURDEN James Mark	
4.3 STREET ADDRESS	850 S.R. 20	
4.4 CITY-ST-ZIP	INTERLACHEN, Fla.	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	McNett Brady	
5.3 STREET ADDRESS	111 Eagle Nest Trail	
5.4 CITY-ST-ZIP	Palatka, Fla. 32177	
6.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WARREN McNETT	
6.3 STREET ADDRESS	111 Eagle Nest Trail	
6.4 CITY-ST-ZIP	Palatka, Fla. 32177	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(d), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **JENNIE E. MCNETT**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 **904-684-2180**
 Date Daytime Phone #

CR2E037 (11/98)